

Initial Report

Premises/Facility under investigation (name and ac	ddress)
Today's Nails	
5762 Highway 7 East	
Markham, Ontario L3P 1A8	
Type of Premises/Facility	
Personal Service Setting	
Date Board of Health became aware of IPAC lapse (yyyy/mm/dd)	Date of Initial Report posting (yyyy/mm/dd)
2024/01/11	2024/01/25
Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)	How the IPAC lapse was identified
	Complaint

Summary Description of the IPAC Lapse

- Cleaning and disinfection of reusable equipment was not conducted in accordance with "Public Health Ontario: Guide to Infection Prevention and Control in Personal Service Settings, 3rd Edition, July 2019".
- Re-use of single-use equipment.
- Disinfectant used for reprocessing of reusable equipment was used past its expiry date and not in accordance with the manufacturer's instructions for use.
- Disinfectant used for reprocessing of reusable equipment was not accompanied by a Health Canada Drug Identification Number, Natural Product Number or Class 2 Device License.

IPAC Lapse Investigation	Yes	No	N/A	Please provide further details/steps
Did the IPAC lapse involve a member of a regulatory college?		\boxtimes		
If yes, was the issue referred to the regulatory college?			\boxtimes	
Were any corrective measures recommended and/or implemented?	\boxtimes			
Please provide further details/steps	 Corrective measures for Premises/Facility: Clean and disinfect all equipment/devices according to "Public Health Ontario: Guide to Infection Prevention and Control in Personal Service Settings, 3rd Edition, July 2019". Discard single-use equipment immediately after use. Select and use disinfectants for reprocessing of reusable equipment/devices that have expiry dates, a Drug Identification Number, Natural Product Number, and/or Class 2 Device License with Health Canada (with exception of chlorine bleach). Use disinfectants according to manufacturer's instructions for use. 			

Date any order(s) or directive(s) were issued to the owner/operator (if applicable) (yyyy/mm/dd) 2024/01/12

Initial Report Comments:

Written order was issued on January 12, 2024, ordering operator to correct conditions related to manicure and pedicure services, in follow-up to directions provided to operator on January 10, 2024. The operator



demonstrated the corrective measures on January 15, 2024, and was permitted to continue manicure and pedicure services.

Any additional Comments: (Please do not include any personal information or personal health information)

If you have any further questions, p	lease contact:
Health Connection	
Telephone Number	Email Address
1-800-361-5653	Health.inspectors@york.ca
Final Report	i
Date of Final Report posting (yyy	/y/mm/dd)
2024/01/25	
Date any order(s) or directive(s)	were issued to the owner/operator (if applicable) (yyyy/mm/dd)
Brief description of corrective me	easures taken
Corrective measures were confirme	ed to have been completed during re-inspection on January 15, 2024.
Date of all corrective measures w	vere confirmed to have been completed (yyyy/mm/dd)
2024/01/15	
Final Report Comments and Con	tact Information
Any Additional Comments: (Pleasinformation)	se do not include any personal information or personal health
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